M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06040

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Sta. Md. LENGTH OF STAY (in this place) 27 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Francis (Last) Burnett

4. DATE OF DEATH (Month) June (Day) 1 (Year) 1949

5. SEX Female

6. COLOR OR RACE Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Dec. 25, 1882

9. AGE last birthday 66 yrs. If under 1 year: Months 6 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Croswell

14. MOTHER'S MAIDEN NAME Emma J. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute dilation of heart - Coronary disease	6 mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Int. Nephritis - Chronic myocarditis	2 years
	(c)	

592

131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George C. Cochran M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE June 5, 49

NAME OF CEMETERY OR CREMATORY Liberia

LOCATION (City, town, or county) Marion, (State) Md.

DATE REC'D BY LOCAL REG. June 4, 49

REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR George W. Tilghman ADDRESS Marion Station Md.

RECEIVED
JUN 9 1949
BUREAU V. S.

06041

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6 Cove Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
STREET ADDRESS (If rural give location): 6 Cove Street

3. NAME OF DECEASED (Type or Print) (First): Edward (Middle): Riley (Last): Dize
4. DATE OF DEATH (Month): 6 (Day): 13 (Year): 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6/17/1865
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Seafood Dealer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crisfield Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Fieldy Dize
14. MOTHER'S MAIDEN NAME: Cassie Sterling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dr. Sarah Peyton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis — ?

450.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1949, to June 6, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton — (Degree or title): M.D. — ADDRESS: Crisfield, Md. — DATE SIGNED: June 13, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE: 6/15/49 — NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery — LOCATION (City, town or county): Crisfield — (State): Md.

DATE REC'D BY LOCAL REG.: June 15, 1949 — REGISTRAR'S SIGNATURE: C. E. Collins

24. FUNERAL DIRECTOR: Durward Covington — ADDRESS: 306 Main St. Crisfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06042

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Annette (Middle) — (Last) Ford

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Apr 30-1861
9. AGE last birthday 88 yrs. If under 1 year: Months 2, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William T. Ford
14. MOTHER'S MAIDEN NAME Harriett Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs Melissa Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

420.1 Antecedent cause(s) (b) Hypertension — 10 yrs. to my knowledge

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to June 30 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 7 30/p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hen. B. Wheeler, Princess Anne, Md. 7/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 3, 1949
NAME OF CEMETERY OR CREMATORY Muirs Private Cemetery
LOCATION (City, town, or county) Upper Fairmount (State) Md

DATE REC'D BY LOCAL REG. 7/2/49
REGISTRAR'S SIGNATURE K. S. Johnson, M.D., Jd.
24. FUNERAL DIRECTOR Harry B. Miles
ADDRESS Upper Fairmount, Md

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06043

CERTIFICATE OF DEATH

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rumbley | LENGTH OF STAY (in this place) 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rumbley
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ROLAND (Middle) B (Last) FRENCH

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: July 25-1894 | 9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman | 10b. KIND OF BUSINESS OR INDUSTRY: ✓ | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ezekikial L. French | 14. MOTHER'S MAIDEN NAME: Addie French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): WWI | 16. SOCIAL SECURITY NO.: ? | 17. INFORMANT: Mrs Mary E. French

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Instant death

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arival, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12 17 am., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas. B. Wheatley M.D. | ADDRESS | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 15-1949 | NAME OF CEMETERY OR CREMATORY: M E. Cemetery | LOCATION (City, town, or county) (State): Upper Fairmount Md.

DATE REC'D BY LOCAL REG. 6/15/49 | REGISTRAR'S SIGNATURE: R. D. Johnson, M.D. | 24. FUNERAL DIRECTOR: Henry D. Watson | ADDRESS: Pocomoke, Md.

RECEIVED
JUN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06044

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset X — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) S (Last) GRIFFIN

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 23 1876

9. AGE last birthday: 73 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs William Worth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	4 days
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	Several years.
	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1949, to June 15, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 10:05 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Charles Wader MD — Pocomoke City Md — 6-16-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 17 1949 — NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery — LOCATION (City, town, or county) (State): Pocomoke, Worcester Md.

DATE REC'D BY LOCAL REG.: June 19-1949 — REGISTRAR'S SIGNATURE: Mrs Clayton Davis

24. FUNERAL DIRECTOR — ADDRESS: Henry F. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU OF S.

Evidence for change of birth date is on:

06045

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 121 SEP 19 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 6 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial Hosp.	STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)	(First) ANTHONY	(Middle)	(Last) HUFFMAN	4. DATE OF DEATH	(Month) June (Day) 10 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 3, 1904	9. AGE last birthday 45 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Keryser, West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME David Huffman		14. MOTHER'S MAIDEN NAME Annie Sions			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Beulah E. Huffman		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dis of Heart	1 week
521 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Empyema of Lung. R side	6 weeks
114c	(c) Gangrene of Lung.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 1 194	19b. MAJOR FINDINGS OF OPERATION Empyema. Gangrene of R lung	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from Oct 15, 1948, to June 10, 1949, that I last saw the deceased alive on June 10, 1949, and that death occurred at 7 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Coulbourn M D. ADDRESS Marion St Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 12, 1949	NAME OF CEMETERY OR CREMATORY Cottage Grove Cemetery	LOCATION (City, town, or county) (State) Westover, Somerset, Md.
DATE REC'D BY LOCAL REG. June 17/1949	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors,	ADDRESS Crisfield, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

06046

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) David (Middle) James (Last) Jenifer
4. DATE OF DEATH (Month) June (Day) 1 (Year) 1949
5. SEX Male
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH May 21-1877
9. AGE last birthday 72 yrs. If under 1 year Months Days 11 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) on known
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME on known
14. MOTHER'S MAIDEN NAME on known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Disease	
592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Chronic Int Nephritis Chronic Myocarditis	2 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from June 1, 1947, to June 1, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bruce A Coulburn MD
ADDRESS Marion Sta Md
DATE SIGNED June 2-1949

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF June 3-49
NAME OF CEMETERY OR CREMATORY Branch
LOCATION (City, town, or county) Marion Somerset (State) Md
DATE REC'D BY LOCAL REG. June 1, 49
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Charles H Ward
ADDRESS Marion Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M I T

RECEIVED
JUN 6 1949
BUREAU T. S.

Dr. Fisher,
6-21. 11 A.M.

06047

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset Dames Quarter MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homee

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Dames Quarter COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter
STREET ADDRESS (If rural, give location) — Rural

3. NAME OF DECEASED (Type or Print) (First) Queen (Middle) Esther (Last) Jones
4. DATE OF DEATH (Month) 6 (Day) 21 (Year) 1949
5. SEX Femal
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ~~Wid~~
8. DATE OF BIRTH May 28 1930
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Dames Quarter
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Jones
14. MOTHER'S MAIDEN NAME Mahalia Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charles Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Carcinoma of Colon

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH about 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION May 11th 1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon (Inoperable)
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1949, to 6/21, 1949, that I last saw the deceased alive on 6/10, 1949, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas. T. Fisher M.D. 300 N. Division St Salisbury, Md 6/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-24-49
NAME OF CEMETERY OR CREMATORY Macedonia Cem
LOCATION (City, town, or county) (State) Dames Quarter

DATE REC'D BY LOCAL REG. 6/24/49
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.
24. FUNERAL DIRECTOR Booker M. West
ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06048

CERTIFICATE OF DEATH

Reg. Dist. No. 265

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc Cready Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Fairmount, Md.
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) HENRY (Last) JONES

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10, 1876

9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Lee Jones Sr

14. MOTHER'S MAIDEN NAME: Elizabeth Lee Foreman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Adel Shipman Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease — 12 hrs

Antecedent cause(s) 420.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a

(b) Coronary Disease Chronic Int Nephritis — Years

(c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia (R) — 4 months

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1949, to June 6, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 9P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jesse C Aulsbrook MD — ADDRESS: Marion Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: June 9, 1949 | NAME OF CEMETERY OR CREMATORY: Jones Cemetery | LOCATION (City, town, or county) (State): Upper Fairmount Md.

DATE REC'D BY LOCAL REGISTRAR'S REG: June 8, 49 | REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Henry L. Watson | ADDRESS: Pocomoke Md.

RECEIVED
JUN 10 1949
BUREAU V. S.

06949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Hill
STREET ADDRESS (If rural, give location) ←

3. NAME OF DECEASED (Type or Print): (First) Lloyd (Middle) (Last) Purnell

4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Mar 10 1875

9. AGE last birthday: 73 yrs. — If under 1 year: Months 2 — Days 18 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: ←

11. BIRTHPLACE (State or foreign country): Poconoke City, Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Bridger Purnell

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-07-5805

17. INFORMANT: Rosie Purnell (wife)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
331 Immediate cause	(a) Cerebral Hemorrhage	
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ✓	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset Co., Md.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Henry M. Lankford (Degree or title) M.D. — ADDRESS: Princess Anne — DATE SIGNED: 6/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 3-1949 — NAME OF CEMETERY OR CREMATORY: Upper Hill — LOCATION (City, town, or county) (State): Upper Hill Somerset Co Md

DATE REC'D BY LOCAL REG. 7/1/49 — REGISTRAR'S SIGNATURE: R. L. Johnson, M.D. — 24. FUNERAL DIRECTOR: Chas H Ward — ADDRESS: Marion Md.

VS. A15A

RECEIVED
JUL 2 1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06950

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location) Rural--Marion

3. NAME OF DECEASED (Type or Print): (First) MORTIMER (Middle) A. (Last) WARD
4. DATE OF DEATH (Month) June (Day) 18, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 29, 1865
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman & farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Marion, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Ward
14. MOTHER'S MAIDEN NAME: Carrie B. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Daisy Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia. Acute Dis of Heart — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Int nephritis Chronic myocarditis — Years
(c) Acute Nephritis (— 1 month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: (Malignancy suspected)

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from June 1, 1949 to June 18, 1949, that I last saw the deceased alive on June 18, 1949, and that death occurred at 1:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. A. Carlton Marion Md June 20 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 20, 1949
NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery
LOCATION (City, town, or county) (State): Marion, Maryland

DATE REC'D BY LOCAL REG.: June 20/49
REGISTRAR'S SIGNATURE: Betty Massey
24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield, Md.

RECEIVED
JUN 27 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06051

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Sta.
MARYLAND
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	Brewster	Ward Jr.	June	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Col.		Aug. 21, 1945	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Alma Marion Sta.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Walter Ward Sr.

14. MOTHER'S MAIDEN NAME Alma Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Alma Miles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull & Shock — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hit by Automobile

812.5 170c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hit by auto

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) | PLACE OF INJURY (Home, farm, factory, street, office, bridge, etc.) Street near Marion Sta | (CITY OR TOWN) | (COUNTY) Somerset | (STATE) Md

TIME OF INJURY (Month) June (Day) 15 (Year) 1949 (Hour) 9:30 p.m. | INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Going across road was hit by auto

22. I hereby certify that I attended the deceased from ....., 19....., to June 15, 1949 that I last saw the deceased alive on ....., 19....., and that death occurred at 9:30 p.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm H. Coulbourn M.D.		Crisfield Md	June 16/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 19, 1949	Wesley	Marion Sta., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 18, 49	Betty Maxey	Charles H. Ward	Marion Sta. Md.

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06052

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sackertown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Sackertown Road

3. NAME OF DECEASED (Type or Print): (First) ESTELLA (Middle) V. (Last) WHEALTON

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Dec. 10, 1874 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Crisfield, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Sterling | 14. MOTHER'S MAIDEN NAME: Annie R. Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT: C. Edward Whealton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Paroxysmal tachycardia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	3 yrs.
	(c)	

422.2
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23, 1949, to June 25, 1949, that I last saw the deceased alive on June 24, 1949, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Sarah M. Payton M.D. | Crisfield, Md | June 25, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: June 26, 1949 | NAME OF CEMETERY OR CREMATORY: Asbury Cemetery | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE RECD BY LOCAL REG. 6/26/49 | REGISTRAR'S SIGNATURE: C. E. Collins | 24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors | ADDRESS: Crisfield

M

I

7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1949
BUREAU V. S.